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23389 7590 09/18/2006

SCULLY SCOTT MURPHY & PRESSER, PC
 400 GARDEN CITY PLAZA
 SUITE 300
 GARDEN CITY, NY 11530

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Paul J. Esatto, Jr.	(Depositor's name)
<i>[Signature]</i>	(Signature)
December 4, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/600,075	06/20/2003	Yukio Morishige	16748	9161

TITLE OF INVENTION: LASER CVD DEVICE AND LASER CVD METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/18/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS	12/07/2006 YPOLITE2 00000031 10600075
BUEKER, RICHARD R	1763	118-722000	01 FC:1501 02 FC:1504 03 FC:1501

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list:
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1 Scully, Scott Murphy & Presser, P.C.
 2
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Laserfront Technologies, Inc.

Kanagawa, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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- ☒ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 9-1013/SMP (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *[Signature]*

Date December 4, 2006

Typed or printed name Paul J. Esatto, Jr.

Registration No. 30.749

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